

GOLDEN AGE PASSPORT AND GOLDEN ACCESS PASSPORT  
ELIGIBILITY STATEMENT  
*(ER 1130-2-550)*

(Mark appropriate box)

☐

1. I do swear or affirm that I am 62 years of age or older.

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2. I do swear or affirm that I am a citizen of the United States, and that I have been medically determined to be blind or permanently disabled for purposes of receiving benefits under Federal law as a result of said blindness or permanent disability.

\_\_\_\_\_  
*(Signature of Recipient)*

\_\_\_\_\_  
*(Date)*

3. DATE OF ISSUE

4. GOLDEN AGE PASSPORT NUMBER

5. GOLDEN ACCESS PASSPORT NUMBER

6. ISSUING OFFICIAL